

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5/5984

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4		1		1		
5		2		1		
6		①		1		
7		1		1		
8		2		1		
9		①		1		
10		①		1		
11		2		1		
12		①		1		
13		①		1		
14		①		1		
15		①		1		
16		①		1		
17	1		1			
18		1		1		
19		1		1		
20		3		1		
21		②		1		
22		①		1		
23				1		
24				1		
25				1		
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50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	27	←		←
TOTAL CLAIMS			31			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						